



TENNESSEE REGULATORY AUTHORITY
460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505
Telecommunication Devices Access Program (TDAP)
(TDAP APPLICATION)

Dear Applicant:

Attached is the **TDAP** application for requesting telephone equipment for persons who are unable to use the basic telephone network without an assistive device. To ensure that your application is complete, please refer to the Check List below.

As soon as we receive and review the completed application, and once it is approved for device distribution, we will ship your requested device(s) to the address you have provided. You should receive your device(s) in approximately two to three weeks.

If you have questions about this application or the program, please contact us at:

Phone: 1-800-342-8359, ext. 179 or 206

TTY: 1-888-276-0677

Fax: 615-741-8953

E-mail: TDAP.TRA@STATE.TN.US

Check List

<input type="checkbox"/> Applicant Information	<input type="checkbox"/> Shipping Address
<input type="checkbox"/> Contact Person (If applicable)	<input type="checkbox"/> Proof of Residency
<input type="checkbox"/> Proof of Income (If applicable)	<input type="checkbox"/> Training Need
<input type="checkbox"/> Equipment Need	<input type="checkbox"/> Professional Certification
<input type="checkbox"/> Terms & Conditions	

Have you submitted a TDAP application with this program before?

☐ Yes ☐ No If yes, what year _____

Applicant Information:

1. NAME: _____, _____, _____
Last First MI

2. Address (Physical location for shipping purposes):

Number Street

City State Zip Code

3. Address (P.O. Box if available):

P.O. Box

City Zip Code

4. Telephone Numbers:

Day () -

Evening () -

Cell () -

E-Mail (if applicable) _____

Name and telephone number of a contact person, if other than yourself.

_____ () -

5. Social Security Number: _____ - _____ - _____

6. Birth Date: _____ / _____ / _____
(Month) (Day) (Year)

7. Ethnic Background & Gender (Optional): This section is for statistical purposes only and will not be used to determine eligibility for this program.

_____ African-American (Black)	_____ Caucasian (White)	_____ Male
_____ American-Indian	_____ Hispanic	_____ Female
_____ Asian/Pacific Islander	_____ Other _____	

Applicant Information (continued):

8. Proof of Residency: To be eligible for this program, you **must** be a resident of Tennessee. Please attach a **copy** of one (1) of the following documents (The address on the documentation must reflect your **current** street address):

- **State of Tennessee drivers license**
- **State of Tennessee photo identification**
- **If you live in an assisted living facility or a nursing home, a letter on that facility's letterhead stating that you reside there**
- **Any other official documentation (e.g., Social Security Card, lease agreement, etc.)**

9. Proof of Income: Equipment will be issued on a first-come, first-serve basis. Priority will be given to those with the greatest financial or social need. The factors below may also be used to establish a waiting list in the event of an overwhelming number of applications. **Please check each that applies and attach the appropriate documentation.**

Receive federal or state public assistance

Gross family income

Presence of a physical, medical, or mental condition that may present a life-threatening situation (Must be verified in writing by a licensed physician)

More than one person in the household requires an assistive device.

Applicant qualified for Lifeline and Link-up Telephone Assistance Programs

Other unique circumstances for special consideration not covered above (Please explain below and provide appropriate documentation).

Disability Needs: Please check the boxes that correspond with your assistive need(s).

I am deaf or hard of hearing and need a:

- ☐ TTY
- ☐ TTY with a Large Visual Display
- ☐ Braille TTY
- ☐ VCO phone
- ☐ Cap-Tel phone
- ☐ Amplified Phone

I have a speech disability and need a:

- ☐ TTY
- ☐ Voice-amplifying phone
- ☐ Speech-generating device (Please specify: _____)

I have a mobility disability and need a:

- ☐ Hands-free phone
- ☐ Headset
- ☐ Phone with memory dial
- ☐ Receiver adapter to aid in holding or gripping the receiver
- ☐ Phone with large buttons
- ☐ Hands-free phone with speech recognition
- ☐ Speakerphone

I am blind or have poor vision and need a phone with:

- ☐ Tactile markings on the phone
- ☐ Braille on the phone
- ☐ Memory dial
- ☐ Large buttons
- ☐ Large display
- ☐ Voice-activation capability

I have a cognitive impairment and need a:

- ☐ Picture phone
- ☐ Memory dial
- ☐ Large buttons
- ☐ Large display

My needs were NOT ADDRESSED above. I am in need of the following (Please list):

10. Specifically Requested Device(s):

11. Will You Need Training? _____ YES _____ NO

Professional Certification – This section is to be completed by a Tennessee licensed medical provider of the applicant. For example: a doctor, nurse, audiologist, speech pathologist, etc. This section also may be completed by a licensed social worker, rehabilitation counselor, or assistive center director with knowledge of the applicant's condition and appropriate documentation.

Name of applicant being certified:

_____, _____, _____
Last First MI

Applicant is (Please check each that applies):

_____ **Deaf** _____ **Hard of Hearing** _____ **Speech Impaired**
_____ **Vision Impaired** _____ **Cognitive** _____ **Mobility**
_____ **Other (Specify):** _____

I certify that I am a: _____

I certify that the above named applicant has the condition(s) described above and that it/they restrict(s) his/her use of a telephone without the use of a:

(Equipment type)

Certifier's contact information and license number if applicable:

Name: _____

Telephone Number: (____) _____ - _____

Address: _____

Signature: _____ **Tenn. Lic. No.** _____

Terms & Conditions:

Applicants must:

- Be a resident of Tennessee
- Be unable to use a telephone without benefit of an assistive telephone device
- Have a telephone line in the home

Applicants will be responsible for:

- All telephone bills and other related charges incurred
- The repair and maintenance of the device(s)
(The applicant may contact TDAP in the event assistance is required or to receive a temporary replacement device)

Applicants are required to return the devices to the TDAP program if they:

- Move from Tennessee
- Lose telephone service permanently
- Abuse the device, or
- No longer need the device(s)

Note: Applicants whose needs change may contact TDAP to qualify for an appropriate exchange of device(s) upon proper certification.

I certify that all information on this application is true to the best of my knowledge, and I will notify TDAP of any changes.

Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____
(Parent/guardian signature is required if the applicant is a minor.)

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If assistance has been provided in preparing this application, please complete the following:

Name of preparer _____ **Relationship** _____

Telephone: (_____) _____ - _____

Address: _____
Number _____ **Street** _____

State _____ **Zip Code** _____